

## NH Public Utilities Commission

## REC Aggregator Portal

NHPUC 25MAY'16PM12:08

New Users [CLICK HERE](#) to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account **BEFORE** entering information into the form, or the information will be lost.

Existing Users [CLICK HERE](#)

**Basic Information**

Who is submitting this request?

Aggregator Batch Number

Are you registered in NH

- ☒ Yes  
☐ No

Aggregator name

NH Reg #

Aggregator Email

Other Aggregator name

Other aggregator email address

Facility Name

Facility Owner Name

Facility Owner email

m.audley@comcast.net

Owner Phone

603-224-2422

Facility Address

14 Knox Rd

Facility Town/City

Bow

Facility State

NH

Facility Zip

03304

Is the facility address the same as the owner's mailing address

☒ Yes

☐ No

Mailing Address

Mailing Town/City

Mailing State

Mailing Zip

Primary Contact

Karen Tenneson

Primary Contact

Facility Primary Contact

karenton@knollwoodenergy.com

Other Email Address

## Facility Information

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Class

Utility

Other Utility Name

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

Date of Initial Operation

Facility Operator Name, if applicable

Panel Make #1

Panel Model

Panel Quantity

Panel Rated Output

More Panel types?

- ☒ No  
☐ Yes

Panel Make #2

Panel Model

Panel Quantity

Panel Rated Output

More Panel types?

- ☒ No  
☐ Yes

Panel Make #3

Panel Model

Panel Quantity

Panel Rated Output

System capacity based on panels

Inverter Quantity

Inverter Make

Add'l Inverter Quantity

Additional Inverter Make

Rated Output - Primary Inverter

10000

Rated Output - Additional Inverter

System capacity based on single inverter make

10000

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

8.28

Revenue Grade Meter Make

Hialeah

Was this facility installed directly by the customer (no electrician involved)?

- ☐ Yes  
☒ No

Electrician Name & Number

Troy Diamond 12218M

Other Electrician Name & Number

Installation Company

Granite State Solar

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Independent Monitor Name & Company

Paul Button - Energy Audits Unlimited

Other Monitor Name and Company

Is the installer also the equipment supplier?

- ☒ Yes  
☐ No

Equipment Vendor

Please attach your completed interconnection agreement including Exhibit B.

[https://fs30.formsite.com/jan1947/files/f-5-99-6837444\\_3rNUXsXN\\_audley\\_ex\\_b\\_inspection\\_reportCO](https://fs30.formsite.com/jan1947/files/f-5-99-6837444_3rNUXsXN_audley_ex_b_inspection_reportCO)

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here

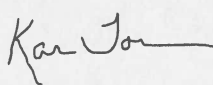
[https://fs30.formsite.com/jan1947/files/f-5-168-6837444\\_lujfVAT9\\_Audley\\_NHOS.pdf](https://fs30.formsite.com/jan1947/files/f-5-168-6837444_lujfVAT9_Audley_NHOS.pdf)

Please attach additional document here

[https://fs30.formsite.com/jan1947/files/f-5-173-6837444\\_GxpyFnqx\\_Audley\\_SPIA.pdf](https://fs30.formsite.com/jan1947/files/f-5-173-6837444_GxpyFnqx_Audley_SPIA.pdf)

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.



Print Name

Karen Tonnesen

Date Signed

05/22/2016



### Certificate of Completion for Interconnection

Installation Information:

\_\_\_\_\_ Check if owner-installed

Customer or Company Name (print): Michael Audley

Contact Person, if Company: \_\_\_\_\_

Mailing Address: 14 Knox Rd

City: Bow State: NH Zip Code: 03304

Telephone (Daytime): (603) 224-2422 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: m.audley@comcast.net

Address of Facility (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Electrical Contractor's Name (if appropriate): Granite State Solar

Mailing Address: 197 North Main St

City: Boscawen State: NH Zip Code: 03303

Telephone (Daytime): (603) 369-4318 (Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_ E-Mail Address: justin@granitestatesolar.com

License number: 0366 C State: NH

Date of approval to install Facility granted by the Company: 4/21/16

Application ID number: GID # 2033

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

**SEE ATTACHED INSPECTION REPORT →**

(City/County/State)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

As a condition of interconnection you are required to send a copy of this form along with a copy of the signed electrical permit to Unitil at the following address:

Unitil Corporation  
Attention: Generator Interconnections  
6 Liberty Lane West  
Hampton, NH 03842



Town of Bow  
OFFICE OF THE BUILDING INSPECTOR  
10 Grandview Road, Bow, New Hampshire 03304

**INSPECTION REPORT**

Location: 14 Knox Rd  
Contact: Justin  
Phone #: 832-3929

Date: Wed 5-4-2016 PM.  
Building Permit #: 76-16  
Block/Lot: 26-3-146-C

**Type of Inspection:**

☒ Rough      ☒ Final      ☐ C/O      ☐ Other

\*\*\*\*\*

☐ Building    ☐ Trench    ☐ Foundation    ☐ Framing    ☐ Insulation/Firestopping

☒ Electrical    ☐ U/G - Trench    ☐ Temp Serv    ☐ Perm power    ☐ Wiring

☐ Plumbing    ☐ U/G    ☐ Sewer Connection    ☐ Water Connection

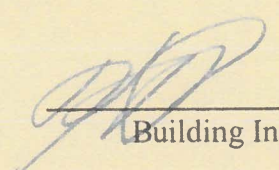
☐ Mechanical    ☐ Gas piping    ☐ HVAC    ☐ Chimney/Fireplace

☐ Other: Panel + Solar Hookup

The following deficiencies were observed and corrections needed:

Please call 228-1189 for a re-inspection of deficiencies ☐ yes ☒ no

☐ \$20.00 re-inspection fee is required.

  
\_\_\_\_\_  
Building Inspector

### New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

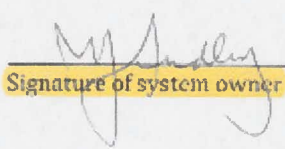
The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

Michael Audley

Printed Name of signature owner

  
Signature of system owner



UNITIL ENERGY SYSTEMS, INC.  
INTERCONNECTION STANDARDS FOR INVERTERS  
SIZED UP TO 100 KVA (Continued)

**Simplified Process Interconnection Application and Service Agreement**

**Contact Information:** Date Prepared: 3/11/16  
Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)  
Customer Name (print): Michael Audley Contact Person, if Company: \_\_\_\_\_  
Mailing Address: 14 Knox Rd  
City: Bow State: New Hampshire Zip Code: 03304  
Telephone (Daytime): (603) 224-2422 (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: m.audley@comcast.net

**Alternative Contact Information** (e.g., system installation contractor or coordinating company, if appropriate):  
Name: Granite State Solar  
Mailing Address: 197 North Main St  
City: Boscawen State: New Hampshire Zip Code: 03303  
Telephone (Daytime): (603) 369-4318 (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: justin@granitestatesolar.com

**Electrical Contractor Contact Information** (if appropriate):  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Facility Information:**  
Address of Facility: 14 Knox Rd  
City: Bow State: New Hampshire Zip Code: 03304  
Electric Service Company: Unitil Account Number: 1048667-1067378 Meter Number: 460984  
Inverter Manufacturer: SolarEdge Model Name and Number: SE-10.000A Quantity: 1  
Nameplate Rating: 10,000 (kW) \_\_\_\_\_ (kVA) \_\_\_\_\_ (AC Volts) Single ☒ or Three \_\_\_\_\_ Phase  
System Design Capacity: 8.28 (kVA) \_\_\_\_\_ (kVA)  
Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No \_\_\_\_\_  
Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other \_\_\_\_\_  
Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other \_\_\_\_\_  
UL 1741.1 (IEEE 1547.1) Listed? Yes ☒ No \_\_\_\_\_  
Estimated Install Date: TBD Estimated In-Service Date: TBD

**Customer Signature**  
I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Interconnecting Customer Signature: [Signature] Title: Homeowner Date: 3/14/2016

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

**Approval to Install Facility** (For Company use only)  
Installation of the Facility is approved contingent upon the terms and conditions of this Agreement, and agreement to any system modifications, if required (Are system modifications required? Yes ☐ No ☒ To be Determined \_\_\_\_\_):  
Company Signature: [Signature] Title: Dir of Eng. Date: 4/14/2016  
Company waives inspection/Witness Test? Yes ☐ No ☒